

City of Flagstaff
Household Hazardous Products Collection Center (HHPCC)
Waiver & Indemnification Form

Date: _____

I, _____ hereby make the following declarations:

I accept possession and title to the materials listed below:

Description of Material	Size of Container (oz., liters, etc.)	# of Containers

1. I certify that any and all materials received from the HHPCC will be used for personal or non-profit purposes only, and will NOT be sold for profit to any person or business. I further certify that materials obtained from the HHPCC will be used solely for their intended purpose(s). I also certify that any bulk latex paint materials received will be used for exterior applications only, as the HHPCC program cannot certify that such materials do not contain harmful quantities of lead, mercury or other hazardous ingredients.
2. I acknowledge that the above materials were collected from anonymous persons through the HHPCC. I further acknowledge that, because of the nature of that source, despite scrutiny and care by the HHPCC staff, no guarantees or assurances as to material age, identity, character, condition, purity, or safety are made.
3. I further acknowledge that, even if the material is fresh and pure, some items such as pesticides can be dangerous, and that I and anyone else who uses such material have a duty to use appropriate safety equipment, follow label instructions and take other such precautions as dictated by prudence and the law. I agree to safely and legally dispose of the materials and their containers at such time as the material is no longer needed or usable.
4. I certify that I am at least 21 years of age and hereby agree to indemnify, defend and hold harmless the City of Flagstaff and its officers, officials, employees and agents from any and all costs, claims or liability of any nature arising due to the storage, use, disposal, and/or transportation of the above-listed materials and hereby waive any claims against those same parties arising out of said storage, use, disposal and/or transport.

Signature: _____

Address: _____ Zip Code: _____

Phone: _____ Witness: _____

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